FEE: \$80

Payable to: Maine State Treasurer (1421 \$80)

REAL ESTATE AGENCY APPLICATION

MAINE REAL ESTATE COMMISSION 35 STATE HOUSE STATION AUGUSTA ME 04333-0035

FOR MREC OFFICE USE ONLY
CHECK NO
AMT
CASH NO
APPRVL DATE
LIC NUMBER
LIC TERM

Instructions: Read instructions carefully before competing your application. Print clearly in ink and include all required enclosures. Mail your application to Maine Real Estate Commission, 35 State House Station, Augusta, Maine 04333-0035. Incomplete applications will be returned. All applicants must: Furnish Federal Employer Identification Number. Individual Proprietors may use Social Security Number; Open a trust account in a bank authorized to do business the State of Maine, pursuant to 32 M.R.S.A. §13178; and Have a fixed and definite place of business, pursuant to 32 M.R.S.A. §13173(5). See 32 M.R.S.A., Chapter 114 for other laws relating to agency licensure. Corporations Include name, home address and office held for each officer/partner/member on a separate sheet of paper. Limited Liability Companies Include file number assigned by the Maine Secretary of State (out of state entities must also register). **Partnerships** Nominate a designated broker on Page 2. **Non-Resident Applicants** Include agency letter of certification from resident state and any other state where agency is licensed. Letters of certification must be less than thirty days old at time of application; Include designated broker letter of certification from resident state and any other state where agency is licensed. Letters of certification must be less than thirty days old at time of application; Include Irrevocable Consent to Service form (available on Maine Real Estate Commission website) AGENCY LICENSE TYPE (CHECK ONLY ONE): INDIVIDUAL PROPRIETORSHIP □ CORPORATION П ASSOCIATION LIMITED LIABILITY COMPANY LIMITED PARTNERSHIP **PARTNERSHIP** If an Individual Proprietorship, this is the Designated Broker's name AGENCY LEGAL NAME: AGENCY TRADE NAME DESIGNATED BROKER'S NAME **DB EXPIRATION DATE DB LICENSE NUMBER** AGENCY ADDRESS (enter full street address here) Street City County State & Zip Phone number Fax Number **Email Address** Company Website AGENCY MAILING ADDRESS (if different) Street or PO Box Citv State & Zip County FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN)

STATE OF MAINE DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION - OFFICE OF LICENSING & REGISTRATION

LTD LIABILITY NUMBER OR LTD PARTNERSHIP NUMBER (ASSIGNED BY MAINE SECRETARY OF STATE)

Office Information: Courier/Delivery address: 122 Northern Avenue, Gardiner, Maine 04345 Phone: (207) 624-8518 Fax: (207) 624-8637 Hearing Impaired: (888) 577-6690 web: www.maine.gov/professionallicensing

CORPORATION FILE NUMBER (ASSIGNED BY MAINE SECRETARY OF STATE)

Has this agency, the designated broker or any of the applicant agency's members, officers, or directors ever been		
convicted by any court of \underline{any} offense? \Box N	O 🗆 YES	
If yes, provide a written statement on a separate sheet of paper than includes the date of the offense and a detailed description of the events surrounding the conviction. Submit your written statement and a copy of the court judgment(s) with this application.		
Important note: Failure to disclose convictions may result in fines, suspension and/or revocation of a license.		
OTHER BUSINESS: Is the applicant engaged in any business other than real estate brokerage? YES NO		
If yes, state nature of business:		
STATEMENT BY OWNER (NOT REQUIRED FOR INDIVIDUAL PROPRIETORS:		
I printed name of agency owner or authorized individual hereby appoint printed name of designated broker to act as designated broker for the real estate agency applying for licensure by this application.		
lgency owner's signature date		
STATEMENT BY DESIGNATED BROKER:		
By my signature, I hereby certify that the information provided on this application is true and accurate to the best of my knowledge and belief. By submitting this application, I understand that the Maine Real Estate Commission will rely upon this information for issuance of my license and that this information is truthful and factual. I further understand that sanctions may be imposed including denial, suspension or revocation of my license if this information is found to be false.		
DESIGNATED BROKER'S SIGNATURE		
DB LICENSE NUMBER	DB EXPIRATION DATE	
According to Chapter 400, Section a(3), the designated broker may designate another person to assist in administering the provisions of the Commission's rules. If you wish to nominate designees at this time, please enter their name(s) and license number(s) below and have them sign this application.		
Designee's name and license # Designee's signature		
Designee's name and license #		
Designee's name and license # Designee's signature		
CREDIT CARD AUTHORIZATION INFORMATION Application fee: \$80. If you wish to pay by check, please make payable to "Maine State Treasurer." If you wish to pay by Mastercard or Visa instead, please fill out the following information:		
NAME OF CARDHOLDER FIRST MIDD	LE INITIAL LAST	
BIILLING ADDRESS: A	DDRESS	
CITY CITY STATE STA		
I authorize the State of Maine, Department of Professional and Financial Regulation, Office of Licensing and Registration to		
charge my □ VISA □ MASTERCARD	the following amount: \$	
Card number: XXXX-XXXX-XXXX-XX	7777	
Signature SIGNATURE		
Date DATE		

NOTICE

PUBLIC RECORD: This application is a public record for purposes of the Maine Freedom of Access Law (1 MRSA §401 et seq). Public records must be made available to any person upon request. This application for licensure is a public record and information supplied as part of the application (other than social security number and credit card information) is public information. Other licensing records to which this information may later be transferred will also be considered public records. Names, license numbers and mailing addresses listed on or submitted as part of this application will be available to the public and may be posted on our website.